

<b>Case Number:</b>	CM14-0021460		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Massachusetts, New Jersey, Connecticut, and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male whose date of injury is 07/13/2012. On this date he fell while pulling on a wire that snapped. MRI of the lumbar spine dated 01/08/13 revealed mild multilevel degenerative disc changes at L2-3, L3-4 and L4-5 levels with mild foraminal narrowing at L2-L5 levels, but no discrete nerve root impingement is identified. Progress report dated 04/11/14 indicates that the injured worker complains of pain in the back that radiates to the left lower extremity. On physical examination sensation is grossly intact. Straight leg raising is negative bilaterally. Motor strength is symmetric in all muscle groups tested. Reflexes are symmetric bilaterally. The injured worker is noted to have completed a functional restoration program. He has had no relief with epidural injections. It is noted that the injured worker is permanent and stationary for all intents and purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TRANSFORAMINAL EPIDURAL STEROID INJECTION LEFT LUMBAR FIVE(L5):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Based on the clinical information provided, the request for transforaminal epidural steroid injection left lumbar five (L5) is not recommended as medically necessary. CA MTUS guidelines support epidural steroid injections when there is documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The injured worker's physical examination fails to establish the presence of active lumbar radiculopathy with intact motor, sensory, deep tendon reflexes and negative straight leg raising. The submitted lumbar MRI does not document any significant neurocompressive pathology. The injured worker has reportedly not responded to prior epidural steroid injections. CA MTUS guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection.

**TRANSFORAMINAL EPIDURAL STEROID INJECTION LEFT SACRAL ONE(S1):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Based on the clinical information provided, the request for transforaminal epidural steroid injection left sacral one (S1) is not recommended as medically necessary. CA MTUS guidelines support epidural steroid injections when there is documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The injured worker's physical examination fails to establish the presence of active lumbar radiculopathy with intact motor, sensory, deep tendon reflexes and negative straight leg raising. The submitted lumbar MRI does not document any significant neurocompressive pathology. The injured worker has reportedly not responded to prior epidural steroid injections. CA MTUS guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection.